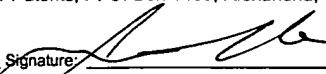


[Signature]

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: May 12, 2004 Name: James L. Katz

Signature: 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**BRINKS
HOFER
GILSON
& LIONE**

In re Appln. of: John Christopher Van Gorp, et al.
Appln. No.: 10/773,488
Filed: February 6, 2004
For: A METHOD AND SYSTEM FOR
CALCULATING AND DISTRIBUTING
UTILITY COSTS
Attorney Docket No: 6270/134

Examiner: Not Yet Assigned

Art Unit:

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

Change of Correspondence Address
 Return Receipt Postcard

Fee calculation:

No additional fee is required.
 Small Entity.
 An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
 A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(_____.)
 An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Not a Small Entity		
					Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$9=			x \$18=	
Indep.		Minus			x 43=			x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=			+\$290=	
					Total	\$		Total	\$

Fee payment:

A check in the amount of \$_____ to cover the above-identified fee(s) is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
 Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
 The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

5-12-04
Date

[Signature]
James L. Katz (Reg. No. 42,711)

**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/773,488
Filing Date	February 6, 2004
First Named Inventor	Gorp
Art Unit	
Examiner Name	Not Yet Assigned
Attorney Docket Number	6270/134

Please change the Correspondence Address for the above identified application to:

Customer Number **00757 - Brinks Hofer Gilson Lione** →
Type Customer Number Here

Place Customer Number Bar Code Label here

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "request for Customer Number Data Change" (PTO/SB/124).

I am the

- Applicant/Inventor
- Assignee of record of the entire interest.
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or Printed

Name James L. Katz

Signature

Date *5-12-09*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of _____ forms are submitted.